STATE OF CALIFORNIA OFFICE OF EMERGENCY SERVICES



CALIFORNIA COUNTER DRUG PROCUREMENT PROGRAM TRANSFER REQUEST OES-657T (REV 05/08)

OF EMERGEN	SUBJECT: Request for Transfer of DEMIL/ Nor	n-DEMIL Equipment				
1 Releasir	ng Agency Name:		2 Receiving Agency I	Name:		
	POC):					
E-mail: _						
Phone#:	: Fax	#:			Fax#:	
Street A	ddress:		Street Address:			
City, Sta	ite, Zip:		C/S/Z:			
Signatur	re:Dat	te:	Signature:		Date:	
3			LESO USE ONLY			
Property Approved by SC for Transfer: YES / NO State Coordinator:		Approved for Trans	Approved for Transfer: YES / NO Transfer entered in CMIS database: YES / NO			
Olalo Ol	oordinator.					
SC:	Da	te:	LESO:		Date:	
1033 prog State Coo	s from the releasing agency and the receiving agency. Iram and will adhere to the terms & conditions of CA Strdinator's Office at (916) 324-9171 or (916) 324-6724,	State Plan of Operation between	een their respective agency	and OES. If you have an	y questions, please feel free to	
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